

**EVALUATION OF
CHILD AND ADOLESCENT
MENTAL HEALTH PROGRAMS**
By
**Elementary through High School
Educators in Vermont**

TECHNICAL REPORT

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FOREWORD

The 2001 survey of elementary through high school educators is one part of a larger effort to monitor child and adolescent mental health programs provided by community mental health centers in Vermont from multiple perspectives. The educators' evaluations will be used in conjunction with the assessments of other stakeholders and service recipients and with measures of program performance drawn from existing databases to provide a more complete picture of the performance of local community mental health programs. The combined results of these evaluations will allow a variety of stakeholders to systematically compare the performance of community based mental health programs in Vermont, and to support local programs in their ongoing quality improvement process.

The results of this survey should be considered in light of previous consumer and stakeholder evaluations of community mental health programs in Vermont, and in conjunction with the results of consumer and stakeholder surveys that will be conducted in the future. Previous assessments of child and adolescent mental health programs include 1994 and 1997 surveys that asked school personnel to assess the quality of services they received from their local child and adolescent mental health programs. More recently, in 1999, a consumer survey collected the views of young people aged 14-18 on services they received from their local child and adolescent mental health programs and in 2000, Social and Rehabilitation Services case workers participated in a similar survey providing the views of fellow professionals in a child-serving agency. In the future, these findings will also be compared to the results of planned surveys of parents of children served.

These evaluations should also be considered in light of measures of levels of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of existing databases. Many of these indicators are published in the annual Department of Developmental and Mental Health Services (DDMHS) Statistical Reports and weekly Performance Indicator Project data reports (PIPs), which are available in hard copy form from the Vermont DDMHS Research and Statistics Unit or online from the website: www.state.vt.us/dmh/datanew.htm.

This approach to program evaluation assumes that program performance is a multidimensional phenomenon which is best understood on the basis of a variety of different indicators that focus on different aspects of program performance. This report focuses on one very important measure of the performance of Vermont's community child and adolescent mental health programs, namely the evaluations of fellow professionals who provide educational services to the young people served in these programs.

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EVALUATION OF CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS

By Elementary through High School Educators In Vermont In Spring 2001

PROJECT OVERVIEW AND SUMMARY OF RESULTS

During the Spring of 2001, the Child and Family Unit of the Vermont Department of Developmental and Mental Health Services asked educators at all schools and school districts in Vermont to evaluate the child and adolescent mental health program in their local Community Mental Health Centers (CMHCs). All school principals and supervisory union special education administrators in Vermont were sent surveys that asked for their opinion of various aspects of these services. Courtesy copies were also sent to supervisory union superintendents.

In total, 428 (70%) of the potential pool of 610 surveys were returned. Out of these, 64 respondents indicated that they were unable to participate in the evaluation since they did not have any children in their schools receiving services from their local CMHC. This left 364 (60%) useable surveys for the analysis reported here. In some instances, the survey recipients delegated responsibility for completing the survey to other school personnel (e.g. counselors) who work more closely with troubled youth.

The Vermont Survey of Educators was designed to provide information that would help stakeholders to compare the performance of child and adolescent mental health programs provided by CMHCs in Vermont. The survey instrument was developed based on the 1999 Youth Survey and 2000 SRS Case Workers' Survey to facilitate cross informant comparisons and modified to address human service issues in consultation with Vermont stakeholders. (See Appendix II).

Methodology

The surveys consisted of twenty-three fixed alternative items and four open-ended questions. In order to facilitate comparison of Vermont's ten child and adolescent mental health programs, the educators' responses to twenty-two of the fixed alternative items were combined into four composite scales. These scales focus on positive **overall** educator evaluation of program performance, and positive evaluation of program performance with regard to **staff**, **service quality**, and **outcomes**. Measures of statistical significance were adjusted to account for the proportion of all potential individuals who responded to the survey. (For details of scale construction and adjustment, see Appendix IV.) Reports of significance are at the 95% confidence level ($p > .05$). The percentages of educators making positive and negative narrative comments in response to the open-ended questions are noted in this report. A more detailed analysis of the content of the comments is planned to be issued in a separate report.

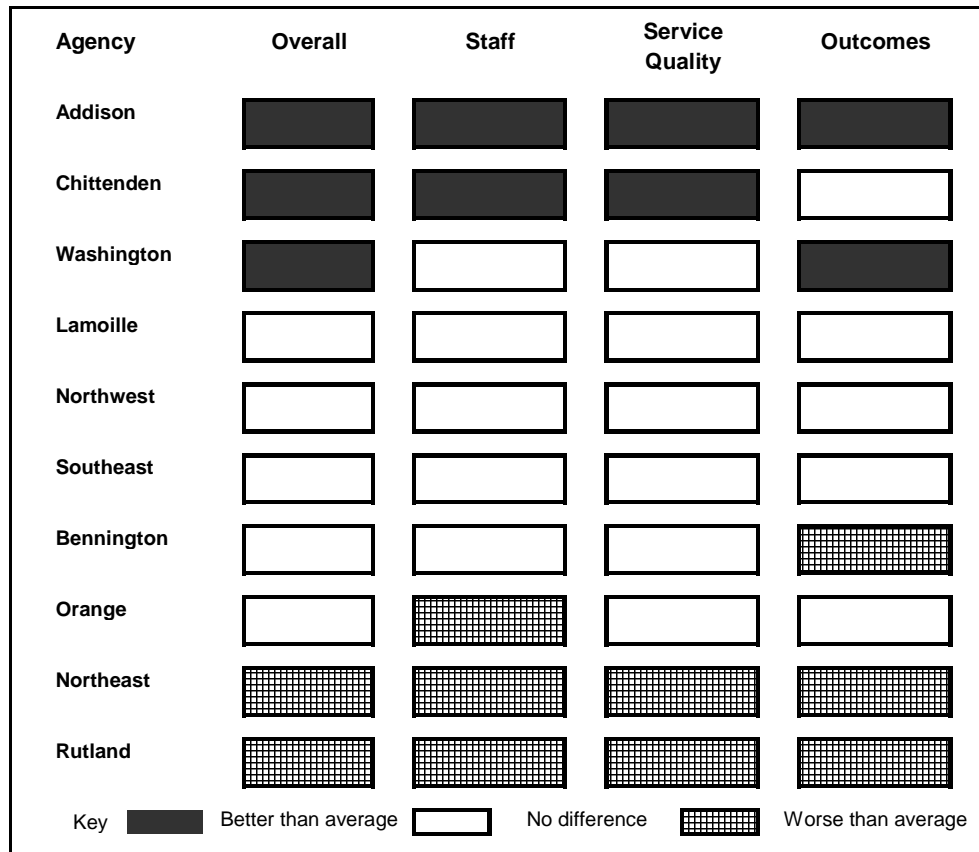
Overall Results

Overall statewide results are summarized in Figure 2, page 3. On the *overall* measure of program performance, 46% of the respondents evaluated the programs positively. Some aspects of program performance, however, were rated more favorably than other aspects. Fixed alternative items related to *staff*, for instance, received significantly more favorable responses (62% favorable) than items related to *service quality* (41% favorable) or *outcomes* (27% favorable).

Overview of Differences Among Programs

In order to compare educators' evaluations of child and adolescent mental health programs in the ten CMHCs, the ratings of individual programs on each of four composite scales were compared to the statewide median for each scale. The results of this survey (see Figure 1) indicate that there were significant differences in evaluations of the state's ten child and adolescent community mental health programs.

Figure1. Positive Evaluation of Child and Adolescent Mental Health Programs By Educators in Vermont



The child and adolescent mental health program in Addison County received the most favorable assessment, with scores better than the statewide median on all four scales. The program in Chittenden County was rated better than the statewide median on three scales, and the program in Washington better on two scales. The programs in Lamoille, the Northwest and Southeast regions were rated no differently than the statewide median. The child and adolescent mental health programs in Bennington and Orange County were rated lower than the statewide median on one scale. The programs in the Northwest region and Rutland County received the least favorable assessments with scores lower than the statewide median on all four scales.

The results of this evaluation of child and adolescent mental health programs in Vermont need to be considered in conjunction with other measures of program performance in order to obtain a balanced picture of the quality of care provided to young people with mental health needs in Vermont.

STATEWIDE RESULTS

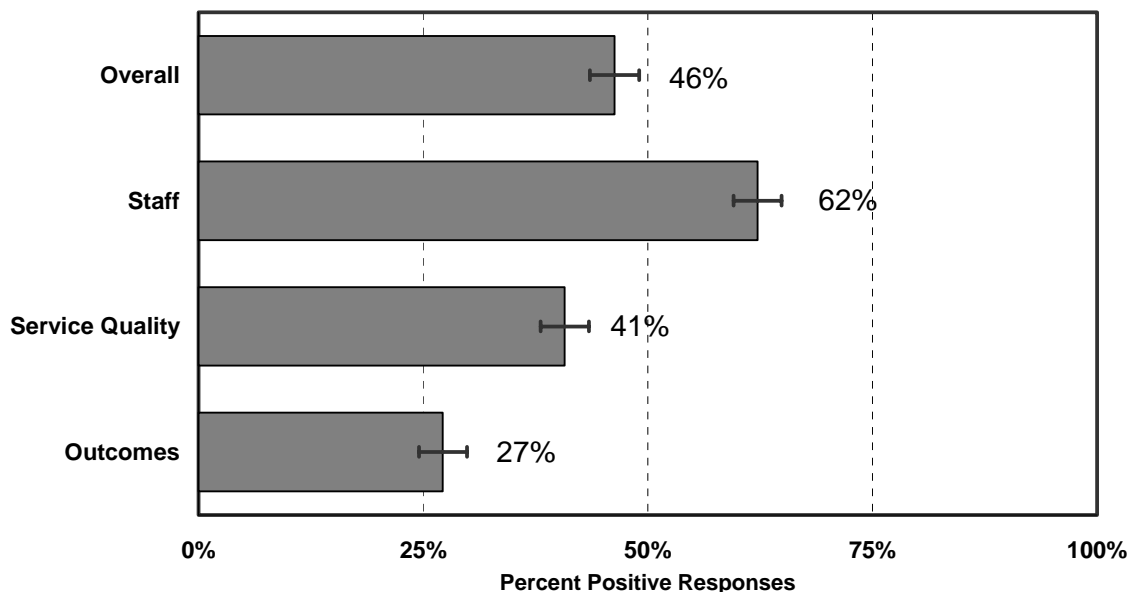
The educators evaluating child and adolescent mental health programs at different CMHCs in Vermont had widely differing opinions of their local programs. (Table 4, Appendix V provides an item-by-item summary of positive responses to the fixed alternative questions.)

The individual items receiving the most positive ratings generally related to staff at the child and adolescent mental health programs. The items with the highest ratings were: "We like the staff who work with us" (80%); "The services <CMHC Name> provides are helpful" (76%); "We feel respected by the staff" (74%); and "Staff work effectively with young people" (72%).

The least favorably rated items related to the volume of service provided and outcomes for the young people. Only 25% of the educators felt that their local community mental health center "...provides the amount of services needed by the children and families in this region". They also gave lower ratings to most of the items relating to outcomes. Few saw improvements in the school outcomes of achievement (25%), attendance (31%) and behavior (35%). Similarly low ratings were given to the items relating to improvements in their students' coping with stress (30%) or personal relationships (33%).

There were significant differences in educators' ratings of child and adolescent mental health programs on the four scales derived from responses to the Vermont survey. Forty six percent of the respondents rated programs favorably on the *overall* scale, and the *staff* scale received significantly more favorable responses (62% favorable) than the *service quality* and *outcomes* scales (41% and 27% favorable).

Figure 2. Positive Evaluation of Child and Adolescent Mental Health Programs by Educators in Vermont *



* Responses to items on the *Staff* and *Service Quality* scales were coded as positive if the educator agreed or strongly agreed with the statement. Responses to items on the *Outcomes* scales were coded as positive if the educator felt that more than half of their students served by mental health had improved as a result of mental health services. All items coded as above contributed to the *Overall* scale.

DIFFERENCES AMONG PROGRAMS

There was some variation between educators' responses as to the proportion of young people in their schools who received mental health services from their local CMHCs. Statewide, 88% of the educators reported that fewer than 20% of their students received community mental health services. Only 9% reported that more than 40% of their students had received community mental health care in the previous year (see Appendix V, Table 3). There were no statistically significant differences between the evaluation scores given by educators in different roles (administration, counseling or special education).

The educators' evaluations of child and adolescent mental health programs at Vermont's ten CMHCs on the four scales were mixed. In order to provide a comprehensive overall evaluation of program performance, positive educator ratings of each program were compared to the statewide median positive ratings for each of the scales (Appendix V, pages 27-31). These comparisons showed considerable variation between providers. Combined, these results provide a succinct portrait of educators' evaluations of child and adolescent mental health programs in Vermont.

The child and adolescent mental health program at Addison County was the most favorably rated. The educators in that county rated this program better than the statewide median on all four of the scales based on fixed alternative questions (*Overall*, *Staff*, *Service Quality*, and *Outcomes*).

The program in Chittenden County was rated better than the statewide median on three of the four scales (*Overall*, *Staff* and *Service Quality*), and the Washington County program was rated better on two scales (*Overall* and *Outcomes*).

The programs in Lamoille County and in the Northwest and the Southeast regions were rated no differently than the statewide median on any of the scales based on fixed alternative questions.

The programs in Bennington and Orange County were each rated lower than the statewide median one scale. Bennington was rated lower on the *Outcomes* scale while Orange County was rated lower on the *Staff* scale.

The programs in the Northeast Kingdom and Rutland County were the least favorably rated in Vermont. Educators evaluating services rated their local programs less favorably than the statewide median on all four scales.

Positive Overall Evaluation

The measure of overall stakeholder satisfaction with each of the ten community mental health center child and adolescent mental health programs used in this study is based on the educators' responses to 22 fixed alternative questions on the survey. (The remaining item asked what proportion of the respondent's students were receiving community mental health services.) The composite measure of overall satisfaction was based on the number of items with positive responses, i.e., a rating of 1 or 2 on the 5 point scale. (For details of scale construction, see Appendix IV.)

Educators' overall ratings of the individual community mental health centers varied widely. The statewide median score was a 48% favorable rating. Three child and adolescent

mental health programs were rated significantly higher than the statewide median rating: Chittenden (69%), Washington (69%) and Addison (59%). Two programs were rated significantly lower than the statewide median rating: Rutland (16%) and Northwest (25%). (See Appendix V, pages 27 and 31).

Positive Evaluation of Staff

Educators' rating of the staff of their local community child and adolescent mental health programs, the second composite measure, was derived from responses to ten fixed alternative questions:

The clinical staff are adequately trained, licensed, and supervised.
Staff work effectively with young people.
The staff know how to work with the education system.
The staff communicate clearly and effectively with other involved service providers.
The staff effectively use the strengths of the child, family, and community.
The staff will "go the extra mile" to help children and their families.
We feel respected by the staff.
We like the staff who work with us.
The staff ask what we need.
The staff listen to what I have to say.

The response alternatives were: 1 *strongly agree*, 2 *agree*, 3 *undecided*, 4 *disagree*, or 5 *strongly disagree*, with 1 and 2 being coded as positive responses. Statewide, educators generally rated their child and adolescent mental health programs more favorably on the Staff scale than on the other scales. Staff at two of the community child and adolescent mental health programs received ratings that were significantly higher than the statewide median rating of 69%: Addison (82%), and Chittenden (84%). The staff at Rutland (23%), Orange (48%), and the Northeast (48%) were rated significantly lower than the statewide median. (See Appendix V, pages 28 and 31).

Positive Evaluation of Service Quality

Educators' rating of the service quality of their local community child and adolescent mental health programs, the third composite measure, was derived from responses to four fixed alternative questions:

I would recommend this mental health center to other professionals for their clients.
<CMHC Name> offers the type of mental health services needed by the children and families with whom we work.
<CMHC Name> provides the amount of services needed by children and families in this region.
<CMHC Name > is committed to providing quality services.

The response alternatives were: 1 *strongly agree*, 2 *agree*, 3 *undecided*, 4 *disagree*, or 5 *strongly disagree*, with 1 and 2 being coded as positive responses. Two child and adolescent mental health programs were given ratings that were significantly higher than the statewide median of 46% on the service quality scale. These were Chittenden (71%), and Addison (59%). The service quality of two child and adolescent mental health programs received significantly lower ratings: Rutland (9%) and Northeast (14%) (See Appendix V, pages 29 and 31).

Positive Evaluation of Outcomes

The Educators' perceptions of the outcomes of the services of the child and adolescent mental health programs, the fourth composite measure, was derived from responses to five fixed alternative questions:

As a result of these services, how many of your students have improved:

- School attendance
- Achievement in school
- Behavior in school
- Better relationships with friends and other people
- Handling of stressful situations better
- Daily life
- Family life.

The response alternatives were: *5 all*, *4 most*, *3 about half*, *2 few*, or *1 none*, with 5 and 4 being coded as positive responses. The statewide median for positive ratings of local child and adolescent mental health programs was 28% on the outcomes scale.

Five CMHCs received ratings that were significantly different from the statewide median on this scale. The educators' positive evaluations of outcomes were significantly higher for Washington (52%) and Addison (43%). The programs in Rutland (0%), Bennington (10%), and the Northeast (17%) received significantly lower positive outcome ratings. (See Appendix V, pages 30 and 31).

Evaluation Based on Open Ended Questions

In order to obtain a more complete understanding of the opinions and concerns of educators, four open-ended questions were included in the questionnaire:

- What was the most helpful aspect of the services this mental health center provided?
- What was the least helpful aspect of the services this mental health center provided?
- What could this mental health center do to improve?
- Other comments?

Eighty-seven percent of all respondents supplemented their responses to fixed alternative questions with written narrative comments. When these comments were coded and grouped, it was found that 74% of the respondents made positive comments and 69% made negative comments about the child and adolescent mental health programs provided by their local CMHCs. The content and themes of the additional narrative comments are being analyzed and the results are planned to be issued in a separate report.

APPENDIX I

LETTERS

First Cover Letter

Follow-up Cover Letter

February 23, 2001

John Bennett
Principal, Oldtown Elementary School
100 Main Street,
Oldtown, VT 05000

Dear Colleague,

The Vermont Department of Developmental and Mental Health Services is conducting a series of surveys on the performance of its system of community mental health centers. At this time the Department is examining the mental health system for children, adolescents, and families from the perspective of the education system by asking school principals and supervisory union special education administrators to complete a brief, one-page questionnaire.

You have been selected to help us evaluate the services provided by *[CMHC Name]*. If you work with more than one mental health center and wish to evaluate both, feel free to make a copy of the questionnaire and replace the name of the given mental health center with another.

Your answers are very important to us. We want to continue to improve the quality of health care received by Vermonters, and we believe that education personnel have a special insight into what makes quality mental health care.

Your individual answers to this survey will not be available to anyone other than the research staff of the Department of Developmental and Mental Health Services. Results will only be reported as rates and percentages for groups of people. The code number on the questionnaire will assure that you do not receive a follow-up survey after you answer this one.

If you would like to receive a summary of the results of this survey, please check the box at the end of the questionnaire. If you have any questions, please feel free to contact Alice Maynard at 802-241-2609 or amaynard@ddmhs.state.vt.us. Thank you.

Sincerely,

Susan Besio, Commissioner
Department of Developmental and Mental Health Services

Enc.

March 16, 2001

John Bennett
Principal, Oldtown Elementary School
100 Main Street,
Oldtown, VT 05000

Dear Colleague

I am writing to encourage you to complete and return the survey about community mental health services you received three weeks ago. Your answers to the survey's questions are important to us.

In case you did not receive the original survey or misplaced it, I have enclosed another copy with a pre-addressed and stamped envelope in which to mail it.

Thank you for your help.

Sincerely,

Susan Besio, Commissioner
Department of Developmental and Mental Health Services

Enc.

APPENDIX II

VERMONT MENTAL HEALTH SURVEY FOR EDUCATORS

Community Mental Health Centers

Please circle the number following each item that best describes your response to statements about
CMHC Name

Staff and services may be diverse. For example, some staff may be clinic-based, some may work daily in the school under a Success Beyond Six contract, or some may appear only rarely to provide emergency services to an individual student or to the school after an event such as a death. Please consider all community mental health center staff and services in your response.

	0-20%	20-40%	40-60%	60-80%	80-100%
1. During the past year, how many of your students received services from <i>CMHC Name</i>	5	4	3	2	1

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<u>Overall Evaluation</u>					
2. The services <i>CMHC Name</i> provides are helpful.....	5	4	3	2	1

3. I would recommend this mental health center to other professionals for their students.....	5	4	3	2	1
---	---	---	---	---	---

Mental Health Staff

4. The clinical staff are adequately trained, and supervised...	5	4	3	2	1
---	---	---	---	---	---

5. Staff work effectively with young people.....	5	4	3	2	1
--	---	---	---	---	---

6. The staff know how to work with the education system.....	5	4	3	2	1
--	---	---	---	---	---

7. The staff communicate clearly and effectively with other involved service providers.....	5	4	3	2	1
---	---	---	---	---	---

8. The staff effectively use the strengths of the child, family, and community.....	5	4	3	2	1
---	---	---	---	---	---

9. The staff will “go the extra mile” to help children and their families.....	5	4	3	2	1
--	---	---	---	---	---

10. We feel respected by the staff.....	5	4	3	2	1
---	---	---	---	---	---

11. We like the staff who work with us.....	5	4	3	2	1
---	---	---	---	---	---

12. The staff ask what we need.....	5	4	3	2	1
-------------------------------------	---	---	---	---	---

13. The staff listen to what we have to say.....	5	4	3	2	1
--	---	---	---	---	---

Services

14. <i>CMHC Name</i> offers the type of mental health services needed by the children and families with whom we work.....	5	4	3	2	1
---	---	---	---	---	---

15. <i>CMHC Name</i> provides the amount of services needed by the children and families in this region.....	5	4	3	2	1
--	---	---	---	---	---

Services (continued)

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
16. <i>CMHC_Name</i> is committed to providing quality services.....	5	4	3	2	1

Results

As a result of these services, how many of your students have improved:

	All	Most	About Half	Few	None
17. school attendance	5	4	3	2	1
18. achievement in school.....	5	4	3	2	1
19. behavior in school.....	5	4	3	2	1
20. better relationships with friends and other people.....	5	4	3	2	1
21. handling of stressful situations	5	4	3	2	1
22. daily life.....	5	4	3	2	1
23. family life.....	5	4	3	2	1

Comments *If you need more space, please attach additional sheets.*

24. What was the most helpful aspect of the services this mental health center provided?

25. What was the least helpful aspect of the services this mental health center provided?

26. What could this mental health center do to improve?

27. Other comments?

Gender_____ Age_____ Years in this field _____ Highest degree _____

This form was completed by: *[check one]*

☐ Principal ☐ Assistant Principal ☐ Guidance Counselor ☐ Special Education Teacher

☐ Other *[please specify]* _____

Check here [_____] to receive a copy of the findings of this survey.

Thank you!

APPENDIX III
DATA COLLECTION

Project Philosophy

Data Collection Procedures

Project Philosophy

This survey, like related previous surveys of consumers and stakeholders, was designed with two goals in mind. First, the project was designed to provide an assessment of program performance that would allow a comparison of the performance of child and adolescent mental health programs provided by CMHCs in Vermont. Included among the intended audience for this report are consumers, parents, caregivers, service providers, program administrators, funding agencies, and members of the general public. The findings of this survey will be an important part of the local agency Designation process conducted by DDMHS. It is hoped that these findings will also support local programs in their ongoing quality improvement process. Second, the project was designed to give a voice to professional colleagues working in human services whose clients receive mental health services and to provide a situation in which that voice would be heard.

These two goals led to the selection of research procedures that are notable in three ways:

First, all qualified individuals, not just a sample of qualified individuals, were invited to participate in the evaluation. This approach was selected in order to assure the statistical power necessary to compare programs across the state, and to provide all schools with a voice in the evaluation of programs for young people with mental health needs.

Second, questionnaires were not anonymous (although all responses are treated as personal/confidential information). An obvious code on each questionnaire allowed the research team to identify which workers had not responded to the first request so that follow-up letters could be sent.

Third, sophisticated statistical procedures were used to assure that measures of statistical significance were sensitive to response rates achieved by this study. These procedures are described in more detail in Appendix III.

Data Collection Procedures

Questionnaires (see Appendix II) were mailed to every one of the 610 school principals and supervisory union special education administrators in Vermont. The questionnaires were mailed in February and March 2001 by the Mental Health Division Child and Family Unit central office staff. The intention was to obtain one response per school and one per supervisory union. In some instances, school personnel other than the principal undertook the task of completing the survey. These respondents were usually counselors or special education personnel with more direct experience with troubled youth and their families. Where more than one questionnaire was returned from a school, responses were combined to provide an aggregate score.

Each questionnaire was clearly numbered. The cover letter to each client specifically referred to this number, explained its purpose, and assured the potential respondent that his or her personal privacy would be protected (see Appendix I). The stated purpose of the questionnaire numbers was to allow the research team to identify non-respondents for the follow-up mailing.

Approximately three weeks after the original questionnaire was mailed, people who had not responded to the first mailing were sent a follow-up letter (see Appendix I). This mailing included: a follow-up cover letter, a copy of the original cover letter, and a second copy of the questionnaire.

A total of 364 (60%) completed questionnaires were returned. In addition, 64 questionnaires were returned uncompleted; these respondents said that they felt unable to complete the questionnaire since they did not have children in their schools receiving services from their local community mental health center. Response rates for individual community mental health regions varied from 42% to 73%. Appendix V, Table 1 provides program-by-program response rates and Table 2 gives a profile of the respondents in terms of age, gender, experience and qualifications.

APPENDIX IV
ANALYTICAL PROCEDURES

Scale Construction and Characteristics

Scales Based on Fixed Alternative Questions

Coding of Narrative Comments

Data Analysis

Finite Population Correction

Scale Construction

The Vermont survey of educators' opinions of child and adolescent mental health programs included twenty-three fixed alternative evaluation questions and four open-ended questions.

Scales Based on Fixed Alternative Questions

Four scales were derived from the educators' responses to 22 of the fixed alternative questions. (The remaining item asked how many students were receiving community mental health services.) The four scales include a scale that measures respondents' positive *overall* evaluation of their local community mental health center's child and adolescent mental health program, and scales that measure positive evaluations of the *staff* who provide mental health services, and the *service quality*. In addition, a fourth scale measured the educators' perception of treatment *outcomes*, the positive impact of the mental health services on their students' lives.

Responses to the fixed alternative questions were entered directly into a computer database for analysis and then grouped according to whether they were positive or not. Responses that indicated educators "Strongly Agree" or "Agree" with the item were grouped to indicate a positive evaluation of program performance. On outcome items, responses that indicated that "All" or "Most" of the young people had improved outcomes were coded as a positive evaluation of program performance. After each person's response to each questionnaire item was coded as "positive" or "not positive", the number of items with positive responses for each person was divided by the total number of questions to which the person had responded for the given scale.

Individuals who had responded to fewer than half of the items in any scale were excluded from the computation for that scale. (5% of respondents' ratings were excluded for the *overall* and *service quality* scales, 6% on the *staff* scale, and 20% on the *outcomes* scale).

Overall evaluation of child and adolescent mental health program performance, the first composite measure, uses questions 2 to 23 of the survey. The internal consistency of the *Overall* scale, as measured by average inter-item correlation, (Cronbach's Alpha), is .9437.

Staff, the second composite measure, was derived from educator responses to ten fixed alternative questions. The Items that contributed to this scale include:

4. The clinical staff are adequately trained, licensed, and supervised.
5. Staff work effectively with young people.
6. The staff know how to work with the education system.
7. The staff communicate clearly and effectively with other involved service providers.
8. The staff effectively use the strengths of the child, family, and community.
9. The staff will "go the extra mile" to help children and their families.
10. We feel respected by the staff.
11. We like the staff who work with us.
12. The staff ask what we need.
13. The staff listen to what I have to say.

For a rating to be included, at least five of these questions must have been answered. The scores for the items that were answered were summed and divided by the number of items

answered. The results were rounded to an integer scale with Agree and Strongly Agree coded as positive. The internal consistency of this scale, as measured by average inter-item correlation, (Cronbach's Alpha), is .9613.

Service Quality, the third composite measure, was derived from educator responses to four of the other fixed alternative questions. The items that contributed to this scale include:

3. I would recommend this mental health center to other professionals for their clients.
14. <CMHC Name> offers the type of mental health services needed by the children and families with whom we work.
15. <CMHC Name> provides the amount of services needed by children and families in this region.
16. <CMHC Name> is committed to providing quality services.

For a rating to be included, at least two of these questions must have been answered. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with Agree and Strongly Agree coded as positive. The internal consistency of this scale, as measured by average inter-item correlation, (Cronbach's Alpha), is .9198.

Outcomes, our fourth scale, measured educators' perceptions of mental health treatment outcomes using responses to the remaining five of the fixed alternative questions. The items that contributed to this scale include:

As a result of these services, how many of your students have improved:

17. School attendance.
18. Achievement in school.
19. Behavior in school.
20. Better relationships with friends and other people.
21. Handling of stressful situations.
22. Daily life.
23. Family life.

The *outcomes* scale was constructed for all individuals who had responded to at least four of these items. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with Agree and Strongly Agree coded as positive. The internal consistency of this scale, as measured by average inter-item correlation, (Cronbach's Alpha), is .9710.

Coding of Narrative Comments

In order to obtain a more complete understanding of the opinions and concerns of educators of child and adolescent mental health programs in Vermont, four open-ended questions were included in the questionnaire:

24. What was the most helpful aspect of the services this mental health center provided?
25. What was the least helpful aspect of the services this mental health center provided?

26. What could this mental health center do to improve?
27. Other comments?

Three hundred and fifteen respondents (87% of all respondents) supplemented their responses to fixed alternative questions with written comments. These written responses were coded first into positive and negative comments to ascertain what proportion of all respondents made at least one *positive comment* (74%) and what proportion of all respondents made at least one *negative comment* (69%) about their community child and adolescent mental health programs. A further qualitative analysis is planned for a later date.

Data Analysis

In order to provide a more valid basis for comparison of the performance of Vermont's ten child and adolescent mental health programs, a statistical correction procedure was incorporated into the data analysis. This procedure, known as a "finite population correction", was applied to results to adjust issues of statistical significance based on the high proportion of all potential respondents who returned useable questionnaires.

Finite Population Correction

Surveys, intended to provide information based on responses from a finite number of people about the performance of community mental health programs, can achieve a variety of response rates. Three fifths of all potential respondents to this survey, for instance, returned useable questionnaires. When responses are received from a substantial proportion of all potential subjects, standard techniques for determining confidence intervals overstate the uncertainty of the results. The standard procedure for deriving 95% confidence intervals for survey results assumes an infinite population represented by a small number of observations. This confidence interval is derived by multiplying the standard error of the mean for the sample by 1.96.

In order to correct this confidence interval for studies in which a substantial proportion of all potential respondents is represented, a "finite population correction" can be added to the computation. The corrected confidence interval is derived by multiplying the uncorrected confidence interval by $\sqrt{1 - n/N}$, where n is the number of observations and N is the total population under examination.

The statistical significance of all findings in the body of this report have been computed using this finite population correction.

The statistical corrections used in this evaluation allowed the analysis to take into account the methodological strengths and shortcomings of the survey. Finite population correction provides the narrower confidence intervals that are appropriate to a study which obtains responses from a large proportion of all potential respondents.

In Vermont, the finite population correction had a substantial impact on the statistical significance of the results of the Educators' Survey. This survey had a high response rate. The relative impact of this statistical adjustment will be very different in situations where response rates are lower.

APPENDIX V
TABLES AND FIGURES

Response Rates by Program

Respondent Profile

Proportion of Caseload Receiving Community Mental Health Care

Positive Responses to Individual Questions by Program

Positive Scale Scores by Program

Provider Comparisons

Table 1**Educators' Survey 2001: Response Rates by Program**

Region/Provider ³	Number				Response Rate	
	Mailed	Returned ¹	No Response	Useable Surveys ²	Returned ¹	Analyzed ²
Statewide	610	428	182	364	70%	60%
Addison -CSAC	40	31	9	29	78%	73%
Bennington -UCS	36	22	14	15	61%	42%
Chittenden -HCHS	108	65	43	50	60%	46%
Lamoille -LCMHS	23	17	6	15	74%	65%
Northeast -NEK	77	60	17	55	78%	71%
Northwest -NCSS	42	35	7	30	83%	71%
Orange -CMC	48	38	10	30	79%	63%
Rutland -RMHS	56	38	18	35	68%	63%
Southeast -HCRSSV	120	80	40	68	67%	57%
Washington -WCMHS	60	42	18	37	70%	62%

¹ All responses to survey including those who reported no direct contact between their school and the local CMHC.

² Questionnaires that had been completed and used for analysis.

³ Appendix 6 gives the full name and location of each of the ten designated CMHCs.

Table 2
Educators' Survey 2001: Respondent Profile

Educator Characteristics		Number	% of Respondents
Gender	Male	126	35%
	Female	175	48%
	Unreported	63	17%
Age	45 or Less	91	25%
	46-50	83	23%
	Over 50	119	33%
	Unreported	71	20%
Experience	1-15 years	94	26%
	16-25 years	89	24%
	Over 25 years	127	35%
	Unreported	54	15%
Education	Bachelors or less	40	11%
	Masters	199	55%
	M.A+/Ph.D	85	23%
	Unreported	40	11%
Educator Role*	Administration	189	52%
	Counseling	89	24%
	Special Education	64	18%
	Other	9	2%
	Unreported	13	4%

* Administration includes School Principals, Assistant Principals and Administrators.

Counseling includes all mental health and guidance roles.

Special Education includes both Special Education Administrators and Special Education Teachers

Table 3

**Educators' Survey 2001: Educator Reports of How Many of their Students
Received Community Mental Health Care in the Past Year**

Region/Provider	Educators Reporting	% of Educators with Students Served By CMHCs				
		With 80+% in CMHC Care	With 60-80% in CMHC Care	With 40-60% in CMHC Care	With 20-40% in CMHC Care	With <20% in CMHC Care
Addison - CSAC	26	4%	0%	12%	15%	69%
Bennington - UCS	11	0%	0%	0%	45%	55%
Chittenden - HCHS	42	5%	5%	2%	12%	76%
Lamoille - LCMHS	27	15%	0%	0%	8%	8%
Northeast - NEK	47	2%	0%	2%	0%	96%
Northwest - NCSS	26	0%	0%	4%	15%	81%
Orange - CMC	20	10%	0%	0%	20%	70%
Rutland - RACS	27	0%	0%	4%	15%	81%
Southeast - HCRSSV	55	4%	2%	4%	13%	78%
Washington - WCMHS	31	6%	6%	3%	6%	77%
Statewide	298	4%	2%	3%	12%	88%

Table 4

Educators' Survey 2001:

Positive Responses to Individual Fixed Alternative Questions by Program

State	Addison	Bennington	Chittenden	Lamoille	Northeast	Northwest	Orange	Rutland	Southeast	Washington
<i>We like the staff who work with us</i>										
80%	81%	100%	98%	80%	72%	83%	67%	60%	77%	86%
<i>The services <CMHC name> provides are helpful</i>										
76%	79%	79%	100%	73%	62%	73%	68%	52%	75%	89%
<i>We feel respected by the staff</i>										
74%	85%	80%	92%	64%	59%	83%	63%	53%	77%	77%
<i>Staff work effectively with young people</i>										
72%	81%	73%	96%	80%	55%	77%	56%	43%	73%	86%
<i>The staff listen to what we have to say</i>										
69%	81%	80%	86%	73%	51%	73%	52%	48%	73%	73%
<i>I would recommend this mental health center to other professionals for their students</i>										
67%	83%	69%	96%	67%	48%	73%	61%	31%	68%	75%
<i><CMHC name> is committed to providing quality services</i>										
66%	89%	86%	90%	73%	48%	67%	54%	38%	64%	73%
<i>The clinical staff is adequately trained, and supervised</i>										
63%	71%	73%	88%	67%	38%	55%	52%	29%	71%	76%
<i>As a result of these services, how many of your students have improved daily life</i>										
62%	70%	80%	74%	55%	49%	65%	43%	40%	60%	83%
<i>The staff effectively use the strengths of the child, family, and community</i>										
60%	71%	60%	84%	60%	46%	66%	50%	31%	61%	64%
<i><CMHC name> offers the type of mental health services needed by the children and families with whom we work</i>										
60%	66%	73%	80%	60%	38%	60%	65%	40%	55%	74%
<i>The staff will "go the extra mile" to help children and their families</i>										
60%	71%	80%	86%	60%	49%	55%	50%	28%	58%	59%
<i>The staff know how to work with the education system</i>										
58%	75%	50%	76%	67%	51%	63%	46%	22%	60%	62%
<i>The staff communicate clearly and effectively with other involved service providers</i>										
58%	64%	80%	77%	53%	38%	70%	48%	22%	68%	56%
<i>As a result of these services, how many of your students have improved family life</i>										
56%	76%	50%	67%	55%	40%	52%	36%	38%	59%	76%
<i>The staff ask what we need</i>										
55%	70%	67%	73%	60%	50%	67%	41%	13%	57%	52%
<i>As a result of these services, how many of your students have improved behavior in school</i>										
35%	57%	10%	35%	33%	17%	36%	24%	8%	43%	67%
<i>As a result of these services, how many of your students have better relationships with friends and other people</i>										
33%	52%	0%	37%	38%	16%	28%	35%	12%	39%	63%
<i>As a result of these services, how many of your students have improved school attendance</i>										
31%	45%	10%	41%	38%	17%	33%	20%	20%	23%	57%
<i>As a result of these services, how many of your students are handling stressful situations better</i>										
30%	41%	18%	38%	33%	17%	27%	41%	4%	33%	52%
<i>As a result of these services, how many of your students have improved achievement in school</i>										
25%	29%	22%	33%	33%	15%	25%	25%	4%	21%	50%
<i><CMHC name> provides the amount of services needed by the children and families in this region.</i>										
25%	21%	40%	33%	33%	8%	27%	36%	3%	30%	38%
<i>Average</i>										
56%	65%	63%	73%	60%	41%	59%	48%	27%	58%	69%

Table 5

Survey 2001: Percent Positive Rating by Program

Evaluation of Child and Adolescent Mental Health Services
By Educators in Vermont

Region/Provider	Overall	Staff	Service Quality	Outcomes
Statewide median	48%	69%	46%	28%
Addison -CSAC	59%	82%	59%	43%
Chittenden -HCHS	69%	84%	71%	30%
Washington -WCMHS	69%	68%	53%	52%
Lamoille -LCMHS	60%	73%	47%	33%
Northwest -NCSS	47%	70%	40%	27%
Southeast -HCRSSV	49%	65%	46%	27%
Bennington -UCS	47%	73%	43%	10%
Orange -CMC	41%	48%	46%	29%
Northeast -NEK	25%	48%	14%	17%
Rutland -RACS	16%	23%	9%	0%

Rates in bold typeface are significantly different from statewide median

PROVIDER COMPARISONS

Overall Evaluation

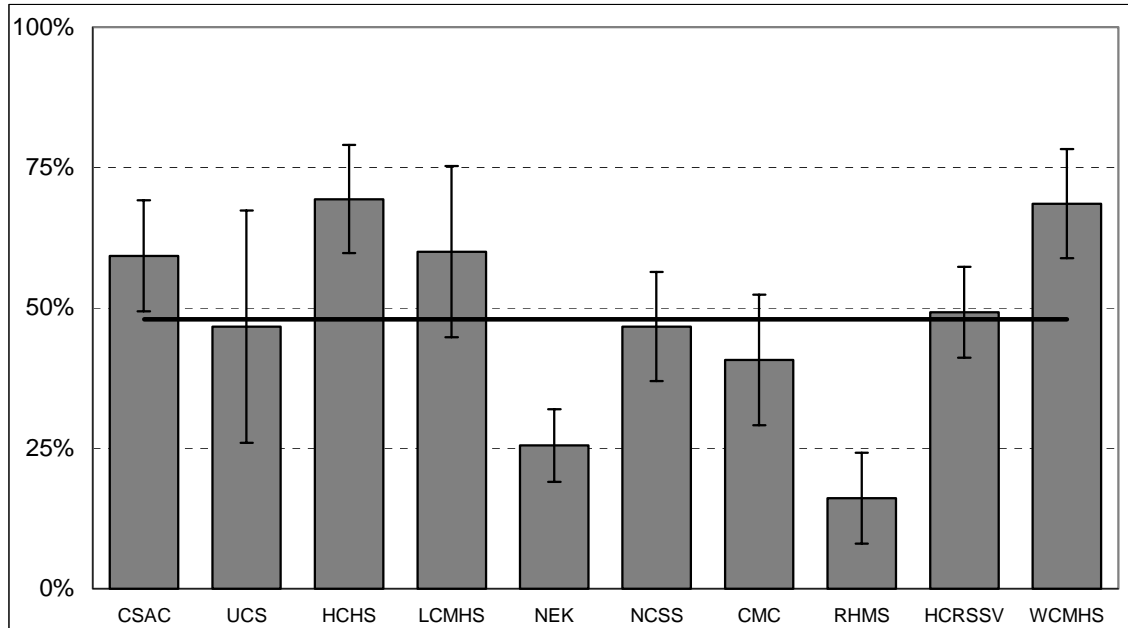
Evaluation of Staff

Evaluation of Service Quality

Evaluation of Outcomes

Comparative Evaluation of Programs

Figure 3. Survey 2001: Positive Overall Evaluation
of Child and Adolescent Mental Health Services
by Educators in Vermont

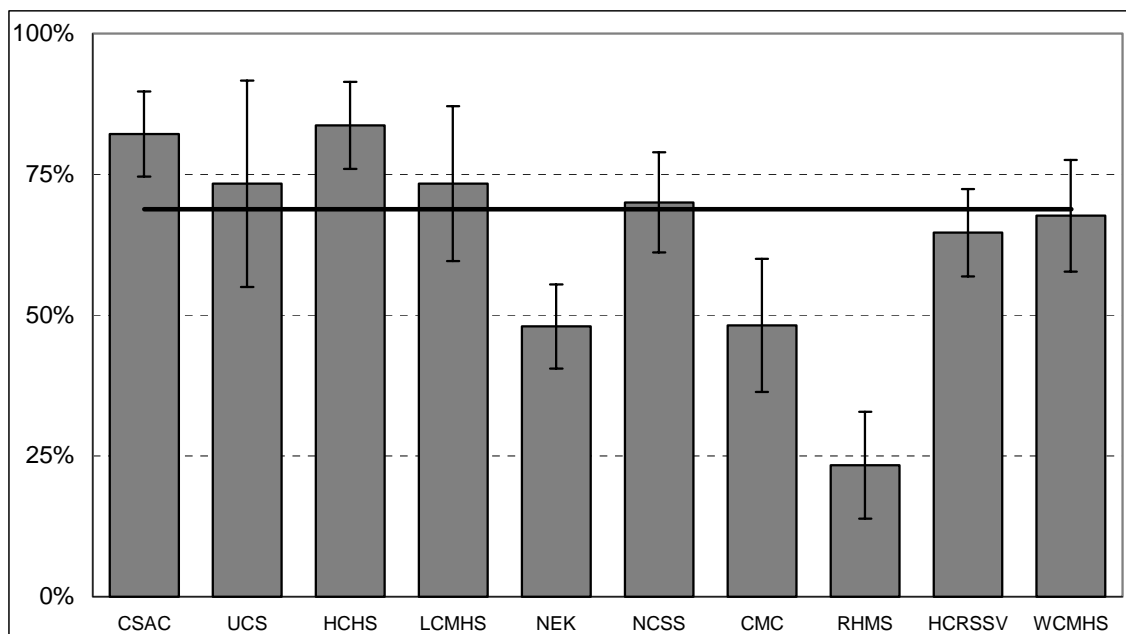


Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	27	16	59%	(49%-69%)	*
Bennington -UCS	15	7	47%	(26%-67%)	
Chittenden -HCHS	49	34	69%	(60%-79%)	*
Lamoille -LCMHS	15	9	60%	(45%-75%)	
Northeast -NEK	51	13	25%	(19%-32%)	*
Northwest -NCSS	30	14	47%	(37%-56%)	
Orange -CMC	27	11	41%	(29%-52%)	
Rutland -RHMS	31	5	16%	(8%-24%)	*
Southeast -HCRSSV	65	32	49%	(41%-57%)	
Washington -WCMHS	35	24	69%	(59%-78%)	*
Statewide median	345	165	48%		

* Denotes that overall ratings of this agency are significantly different to the statewide median ($p < .05$)

Figure 4. Survey 2001: Positive Evaluation of Staff

of Child and Adolescent Mental Health Services
by Educators in Vermont

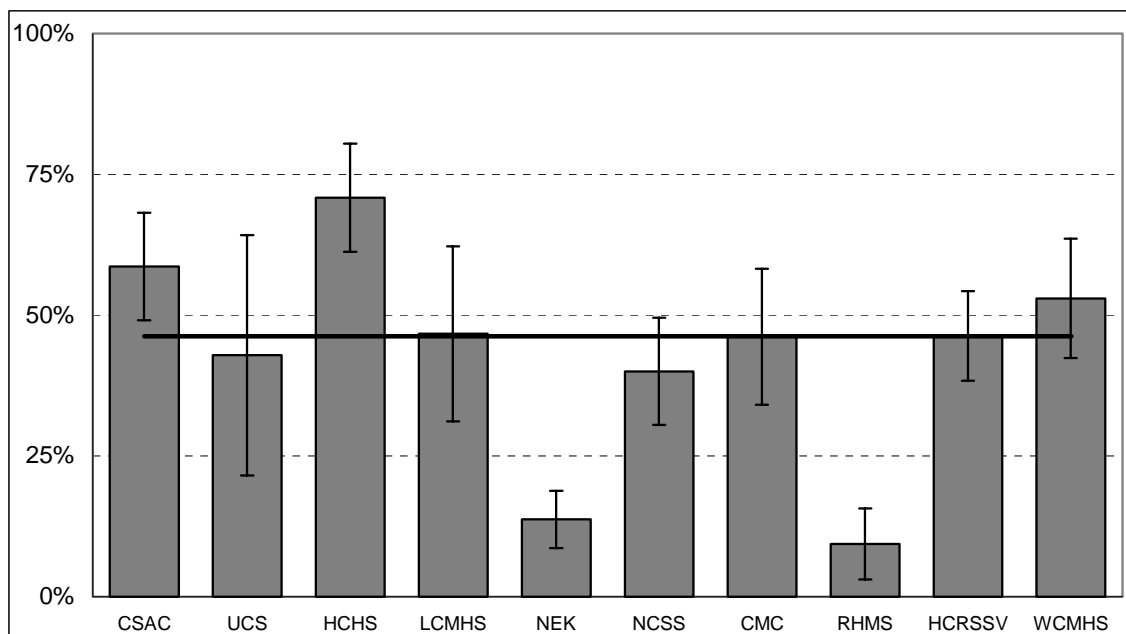


Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	28	23	82%	(75%-90%)	*
Bennington -UCS	15	11	73%	(55%-92%)	
Chittenden -HCHS	49	41	84%	(76%-91%)	*
Lamoille -LCMHS	15	11	73%	(60%-87%)	
Northeast -NEK	50	24	48%	(41%-55%)	*
Northwest -NCSS	30	21	70%	(61%-79%)	
Orange -CMC	27	13	48%	(36%-60%)	*
Rutland -RHMS	30	7	23%	(14%-33%)	*
Southeast -HCRSSV	65	42	65%	(57%-72%)	
Washington -WCMHS	34	23	68%	(58%-78%)	
Statewide median	343	216	69%		

* Denotes that ratings of staff in this agency are significantly different to the statewide median ($p < .05$)

Figure 5. Survey 2001: Positive Evaluation of Service Quality

of Child and Adolescent Mental Health Services
by Educators in Vermont

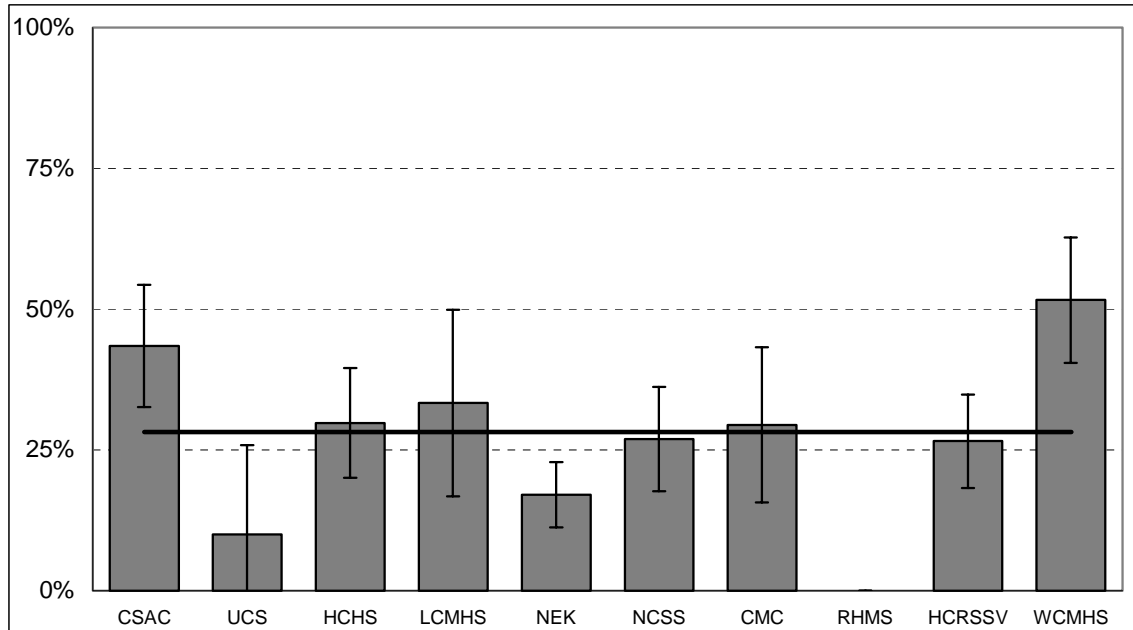


Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	29	17	59%	(49%-68%)	*
Bennington -UCS	14	6	43%	(22%-64%)	
Chittenden -HCHS	48	34	71%	(61%-80%)	*
Lamoille -LCMHS	15	7	47%	(31%-62%)	
Northeast -NEK	51	7	14%	(9%-19%)	*
Northwest -NCSS	30	12	40%	(30%-50%)	
Orange -CMC	26	12	46%	(34%-58%)	
Rutland -RHMS	32	3	9%	(3%-16%)	*
Southeast -HCRSSV	67	31	46%	(38%-54%)	
Washington -WCMHS	34	18	53%	(42%-64%)	
Statewide median	346	147	46%		

* Denotes that ratings of service quality of this agency are significantly different to the statewide median ($p < .05$)

Figure 6. Survey 2001: Positive Evaluation of Outcomes

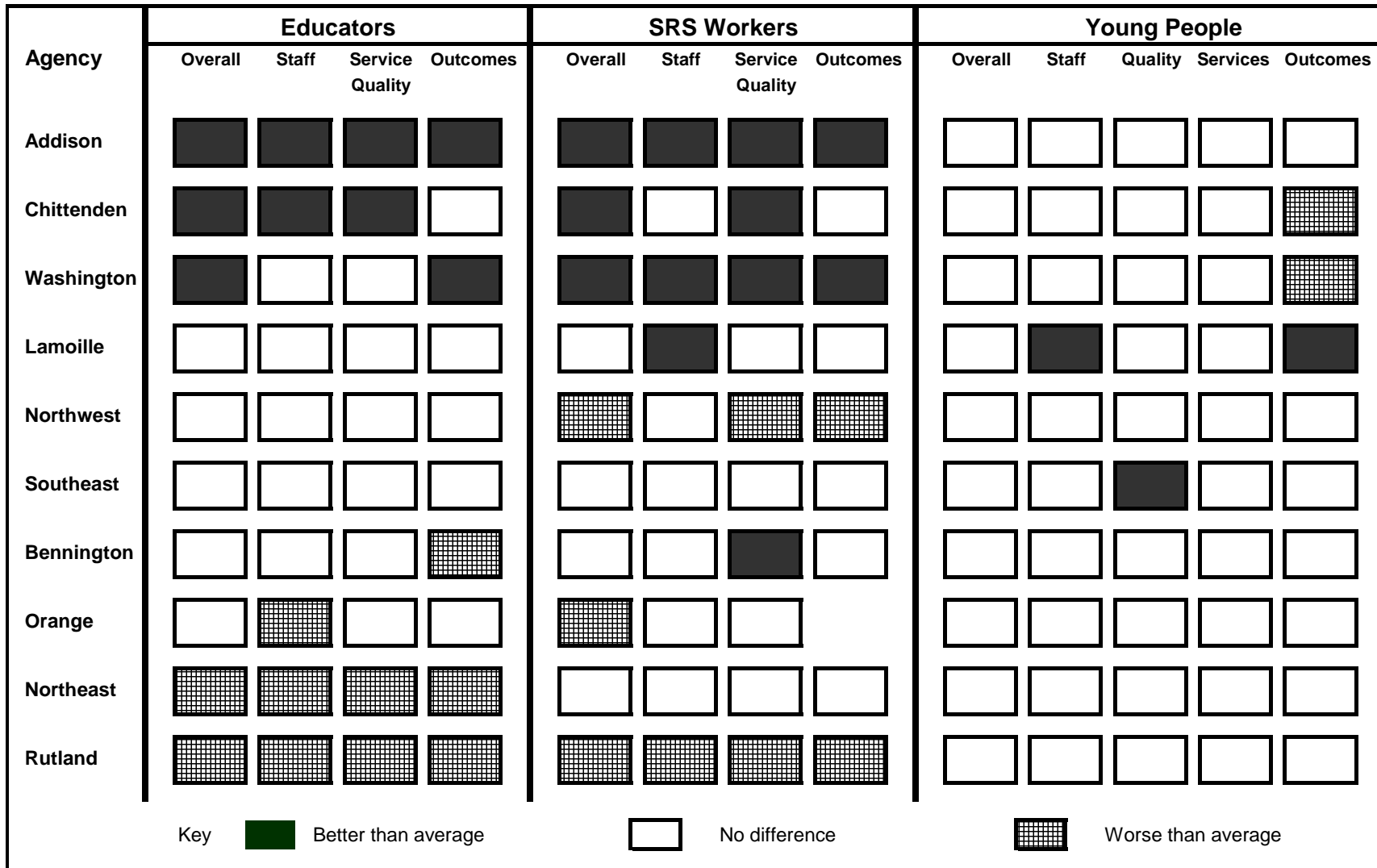
of Child and Adolescent Mental Health Services
by Educators in Vermont



Region/Provider	# Respondents	# Positive Respondents	% Positive Respondents	Confidence Interval	Significance*
Addison -CSAC	23	10	43%	(33%-54%)	*
Bennington -UCS	10	1	10%	(<26%)	*
Chittenden -HCHS	47	14	30%	(20%-40%)	
Lamoille -LCMHS	12	4	33%	(17%-50%)	
Northeast -NEK	47	8	17%	(11%-23%)	*
Northwest -NCSS	26	7	27%	(18%-36%)	
Orange -CMC	17	5	29%	(16%-43%)	
Rutland -RHMS	26	0	0%	(0%-0%)	*
Southeast -HCRSSV	49	13	27%	(18%-35%)	
Washington -WCMHS	31	16	52%	(40%-63%)	*
Statewide median	288	78	28%		

* Denotes that ratings of outcomes at this agency are significantly different to the statewide median ($p < .05$)

Figure 7. Comparative Evaluation of Child and Adolescent Mental Health Programs



APPENDIX VI

CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS IN VERMONT

This report provides assessments of the ten regional child and adolescent mental health programs that are designated by the Vermont Department of Developmental and Mental Health Services. Child and adolescent mental health programs serve children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations. The programs primarily provide core capacity services for children and adolescents with a severe emotional disturbance. These core capacity services include:

- Immediate response in crisis situations.
- Outreach treatment in the home, school, or community.
- Clinic-based treatment services.
- Support services.
- Prevention, early intervention, and community consultation.

Throughout this report, these child and adolescent mental health programs have been referred to by the name of the region that they serve. The full name and location of the designated agency with which each of these programs is associated are provided below. Additional information is available from the website: www.state.vt.us/dmh/.

Addison, Counseling Service of Addison County in Middlebury.

Bennington, United Counseling Services in Bennington.

Chittenden, Howard Center for Human Services in Burlington.

Lamoille, Lamoille County Mental Health Services in Morrisville.

Northeast, Northeast Kingdom Mental Health in Newport and St. Johnsbury.

Northwest, Northwestern Counseling and Support Services in St. Albans.

Orange, Clara Martin Center in Randolph and Bradford.

Rutland, Rutland Mental Health Services in Rutland.

Southeast, Health Care and Rehabilitation Services of Southeastern Vermont in White River Junction, Springfield and Brattleboro.

Washington, Washington County Mental Health Services in Berlin and Barre.